FOX POINT BAYSIDE SCHOOL DISTRICT

PRESCRIPTION MEDICATION
Consent Form for School Hours

For expedited processing fax this authorized form back to Bayside at 414-247-8963 Stormonth 414-247-8970

Student Name _____ DOB _____ Grade _____ _____

Teacher/Classroom _____ School _____

Name of Medication _____

Form of medication/treatment:

☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other (list below)

TO BE COMPLETED BY PHYSICIAN ONLY

Reason for Medication _____

Instructions – (Schedule and dosage to be given during school hours):_____

_____

Start ____ /___ /20___ AND Stop ___/ ___ /20___

For episodic/emergency use only:

Restrictions and/or important side effect(s): ☐ None anticipated ☐ Yes (please describe below)

_____

Instructions for specific conditions and/or circumstances in which contact should be made directly with the doctor or EMS personnel concerning conditions and/or reactions of the child to the prescribed medication:

_____

Special storage requirements: ☐ None ☐ Refrigerate

This student is both capable and responsible for self-carrying/self-administering this medication **(inhalers & epinephrine autoinjectors only)**

☐ No ☐ Yes with supervision ☐ Yes without supervision

Please indicate if you have provided additional information: ☐ As an attachment

Signature of Physician _____ Date _____ ____

Physician Name _____

Address _____ _____

Office Phone _____ Fax _____ ____

To be completed by Parent/Guardian:
I give my permission for (name of child) _____ to receive the above medication at school according to standard policy.

Signature _____ Date _____ _____

I hereby indemnify the School District or any of its personnel, employees or agents of any claim, demand, cause of action or liability asserted against them arising out of the child's taking, or failing to take, the medication in the dosage or at the time prescribed by the physician. I understand that the permission granted will be terminated in accordance with the physician's directive or otherwise automatically at the close of this current school year.